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ABSTRACT

School Health Advisory Councils (SHAC) can assist schools in carrying out their responsibilities for promoting and protecting the health of students and employees. An active SHAC can be an excellent mechanism for parent and community involvement in the schools, and the SHAC provides a way for the schools to utilize valuable professional resources in their communities. This manual was prepared for use by school system personnel and interested community members. It has been designed for individuals seeking information on the development and operation of a SHAC. First, the terms "SHAC" and "coalitions" are defined. Second, the functions of SHACs are listed, followed by steps for beginning a SHAC. Next, responsibilities of the school system are outlined. Criteria for selecting members, and major steps used to select and appoint SHAC members are offered. Three common structures are presented as examples for SHAC structure and community links. Components that should be contained in the by-laws are described. Information is then presented regarding conducting successful meetings and selecting a chairperson. Indications of a healthy SHAC are described, and a checklist is provided to evaluate SHAC functioning. Finally, an outline is offered for structuring the SHAC annual report. (11 references) (LLL)

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Establishing and Maintaining School Health Advisory Councils

A How-To Manual for Local Education Agencies

North Carolina Department of Public Instruction
Division of Curriculum and Instruction
Healthful Living Section

Bob Etheridge, State Superintendent

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ESTABLISHING AND MAINTAINING SCHOOL HEALTH ADVISORY COUNCILS

A HOW TO MANUAL
FOR
LOCAL EDUCATIONAL AGENCIES

DEVELOPED BY:

Keith Howell, PH. D.

Dan Bibeau, PH. D.

Kathleen Mullen, PH. D.

Pat Carr, MPH

Kathleen McCann, M. ED.

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
SCHOOL HEALTH TRAINING CENTER
GREENSBORO, NORTH CAROLINA

IN COOPERATION WITH:

NORTH CAROLINA DEPARTMENT OF
PUBLIC INSTRUCTION
DIVISION OF CURRICULUM AND INSTRUCTION
HEALTHFUL LIVING SECTION
RALEIGH, NORTH CAROLINA

Bob Etheridge, State Superintendent

1991

FOREWORD

Influencing students to lead healthy and productive lives is likely to be most effective when schools, the community, and parents work together. Each has its own unique resources, each can access students in ways the others can't, and each has different means of exerting influence on the behaviors of young people. But, the coordination of these efforts requires planning.

Local school health advisory councils are one means of planning consistent and focused action. Councils, composed of representatives from home, school, and community, can objectively assess the needs of young people and identify the resources that should be brought to bear. Councils can also serve as as a communication link among the three groups to help prevent misunderstanding and clarify roles and responsibilities.

Local school health advisory councils can be arranged in a variety of ways in order to mesh with the structures of various schools and communities. Councils can be assigned to deal with either a narrow or broad range of health-related issues. However local school health advisory councils may be organized and structured, they should be given clear tasks and responsibilities, and their sug-gestions should be seriously considered. This manual outlines a number of alternate approaches to council organization and function.

The health of young people is directly tied to their potential for school success, and the schools alone cannot solve or prevent all important health-related problems. However, the schools' ability to have positive impact on students' health behavior is enhanced with the help of parents and community.

Bob Etheridge

State Superintendent of Public Instruction

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Robert Frye, MPH, Health Education Consultant, Healthful Living Section, Division of Curriculum and Instruction Services, North Carolina Department of Public Instruction, who was a supportive facilitator in establishing the direction and contract for this project, and made technical contributions in the development of this manual.

North Carolina School Health Coordinators, who provided valuable information which contributed to the development of School Health Advisory Council (SHAC) workshops and to the content included in this manual.

The Centers for Disease Control (CDC), Division of Adolescent and School Health (DASH), Atlanta, Georgia, whose support made it possible to conduct an in-depth study of School Health Advisory Councils and provide SHAC training services to North Carolina Local Education Agencies.

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INTRODUCTION

The **promotion and protection of the health of students** has been a consistent and historic purpose of public schools in the United States.

In North Carolina, concern for the health of students has led to a variety of actions by the General Assembly to emphasize the importance of health in the early life. Acting primarily through the Department of Public Instruction and the Department of Environment, Health and Natural Resources, the General Assembly has asked schools and community agencies to develop and manage programs directed toward the health of students. As in other states, these school programs address a wide variety of physical, social and emotional aspects of child and adolescent health. Specific concerns are often so different from each other that many school and community groups must become involved to adequately address the issues. Health issues like drug prevention, dental screening, intervention counseling, immunization, school food, regular exercise, staff wellness, environmental health, consumer behavior, and school safety may require very specific and different approaches.

Such topics cannot reasonably be expected to be the responsibility of only one part of the school system. Appropriate planning and implementation of activities directed toward child and adolescent health needs, as well as those of school employees, necessitates the involvement of many people.

Recent research findings from across the U.S. strongly indicate that collaborative efforts among family, community and the schools are the most effective approaches for both prevention and interventions. Given the complexity of health behaviors, it is understandable that schools need to work with families and community resources to help young people.

School Health Advisory Councils can assist schools in carrying out their responsibilities for promoting and protecting the health of students and employees. An active School Health Advisory Council can be an excellent mechanism for parent and community involvement in the schools. And the School Health Advisory Council provides a way for the schools to utilize valuable professional resources in their communities.

This manual was prepared for use by school system personnel and interested community members. It has been designed for individuals seeking information on the development and operation of a School Health Advisory Council. The information has been organized in an easy-to-use style with the intent of serving as a how-to manual.

The content selected for inclusion in the manual is based upon input by school and community members from each educational region in North Carolina. In-depth interviews were conducted by Public Health Education faculty members from the University of North Carolina at Greensboro in 1989 with school and community members involved with School Health Advisory Councils in each region. These interviews provided an outline for a series of regional workshops on School Health Advisory Councils carried out in 1990 by UNCG faculty. At these regional workshops, participants identified additional areas of particular concern and need for further assistance. The information from the interviews and workshops has been combined with a review of related literature. The result of this combination has served as the basis for the manual.

The Healthful Living Section of the North Carolina Department of Public Instruction encourages the use of School Health Advisory Councils in all local education agencies. Staff members are available to provide consultation regarding School Health Advisory Councils. Additionally, staff members can direct interested school personnel or community members to successful School Health Advisory Councils within their region.

DEFINITION

A **School Health Advisory Council (SHAC)** is an advisory group composed primarily of individuals selected from segments of the community. The group acts collectively in providing advice to the school system on aspects of the school health program. The members of a SHAC are specifically appointed by the school system to advise the school system.

Although these guidelines refer to a SHAC as being advisory to an entire school system, a SHAC may also be a useful structure for individual schools desiring their own advisory councils.

School systems often utilize advisory committees or councils to provide advice to them on a variety of topics. For example, many school systems have advisory councils for topics such as exceptional children, vocational education or dropout prevention.

It is important to emphasize that such advisory councils or committees are formed **to provide advice**. These groups do not become part of the administrative structure of the schools. Nor do the groups have any legal responsibilities within the school system.

Coalitions are technically different from advisory councils/ committees. Coalitions are generally viewed as temporary networks of equal representatives of community segments. Their purpose is to come together for some joint action. They are not necessarily advisory to any one agency, but are more often drawn together out of concern for a particular community issue (i.e. adolescent pregnancy, environmental pollution, housing, child abuse, etc.). While their recommendations may have implications for the schools, the school system is typically only one equal member among others from the community.

FUNCTIONS

SHACs perform many functions in addition to their overall purpose of advising and supporting school health programs. These potential functions should be periodically reviewed by the SHAC and school system to determine mutually beneficial priorities. If a weighting is not provided by the school system, the SHAC may annually decide which functions should receive most emphasis, or the decision may be made according to the SHAC plans for each major issue, project or topic. Whatever the priorities, the SHAC meetings and other activities should reflect these functions.

1. **Visibility for School Health**

   An active SHAC provides visibility for school health within the school system and community. Having an active SHAC communicates a message of concern for the health of children and staff to school personnel and community members. In an era in which schools have many complex and diverse goals to accomplish, the SHAC can serve as a reminder that health is also important.

2. **Parent and Community Involvement**

   A SHAC can promote parent, citizen, and professional involvement in the schools. A well-organized SHAC provides an opportunity for participation by parents in activities and decisions influencing the lives of their children. It also serves as a mechanism for involvement by other community members including those from business, religious organizations, civic groups, human service agencies, etc.

3. **Advocacy for School Health**

   The SHAC can conduct or facilitate activities that bring attention to the benefits of a high quality school health program. These activities often generate further support and momentum for the school health program. Perhaps of equal importance to the group's work are the individual acts by current and former SHAC members causing others to become aware of the important role of the school health program.

4. **Forum for Health Issues**

   Often there are health issues affecting students and school staff that need to have a specific place in the community for discussion, decision-making, and planning. Occasionally, these issues are controversial and require the opportunity for presentation and review of different points of view. The SHAC can provide a positive environment for constructive reviews of issues through its meetings, subcommittee structure and representative community.

5. **Recruitment of Community Health Resources**

   The identification of needs in the school health program may lead to a solution requiring the participation of multiple community health resources. The SHAC can coordinate the involvement of resource individuals and agencies for a specific need in the school health program.

6. **Facilitate Understanding of Schools and Community Segments**

   Participation in SHAC activities provides opportunities for parents and other community members to gain further insight into the life of schools. Similarly, the SHAC allows school personnel to learn more about the varied backgrounds and views of community segments.

7. **Public Relations**

   In addition to advocacy-related activities, many SHACs function as effective public relations extensions of the school system. Informing the community and school personnel about aspects of the school health program can enhance the image of the school system. The involvement of media representatives and influential community decision-makers has been an effective way of implementing this public relations function.

8. **Facilitate Innovation**

   The SHAC can become an advocate for the introduction of new program components. Through their advisory role, SHAC members can share with school personnel any particular special interests or approaches to components of the school health program. In some situations, the SHAC may become the major financial and motivational supporter of change within the school system. Using a SHAC as a sounding board for new approaches can be a valuable step in considering innovations.

STEPS FOR BEGINNING A SHAC

1. Review any established school system procedures for advisory councils.
2. Gather 3-5 interested persons to determine shared perceptions about the need for a SHAC.
3. Establish the general purpose and major functions.
4. Conduct a realistic analysis of obstacles in the community and school system.
5. Identify potential categories of SHAC members and a tentative schedule.
6. Prepare a brief proposal on the formation of a SHAC.
7. Gain support of School System Central Office Personnel.
8. Hold a first meeting to determine interest levels and support for SHAC.
9. Revise and finalize membership roster.
10. Adopt by-laws and charter membership.
11. Conduct training for members.
12. Conduct needs assessment.
13. Develop task and project plans based upon needs assessment.
14. Carry out proposed plans and monitor progress.
15. Establish mechanism for regular reporting to school system and community.

RESPONSIBILITIES OF THE SCHOOL SYSTEM

1. Define general functions and areas of concern including a working definition of school health. **(TABLES 1, 2, 3)**
2. Establish number of members, selection process, length of terms, and categories of membership.
3. Identify the communication channels between the SHAC and school system including the process for submitting recommendations and requesting advice.
4. Designate a school system personnel member to serve as the primary contact for SHAC activities.
5. Utilize the SHAC to improve the school health program.
6. Appoint members of the SHAC and acknowledge the value of their contributions.
7. Help SHAC members increase their understanding of the school health program and encourage them to become advocates.
8. Learn more about the community by carefully listening to individual SHAC members and group recommendations.

TABLE 1

COMPREHENSIVE SCHOOL HEALTH EDUCATION: K-12 CURRICULUM TOPICS

- **Environmental Health**
- **Nutrition**
- **Chemicals and Substance Abuse**
- **Consumer Health**
- **Dental Health**
- **Safety/First Aid**
- **Family Life**
- **Communicable Diseases**
- **Chronic Diseases**
- **Growth & Development**

From the Basic Education Plan for North Carolina Schools, February 1988

TABLE 2

TRADITIONAL COMPONENTS OF THE SCHOOL HEALTH PROGRAM

- **Health Instruction**

  K-12 Curriculum
  Planning and Implementation

- **Health Services**

  Communicable Disease Control
  Health Appraisals
  Counseling
  Emergency Care
  Special Medical Problems
  Child Abuse

- **Health Environment**

  Psychological Climate in Schools
  Physical Plant
  Maintenance

Summarized from Redican, Olsen, Baffi. Organization of School Health Programs. New York: MacMillan Pub. Co., 1986.

TABLE 3

AMERICAN SCHOOL HEALTH ASSOCIATION DESCRIPTION OF COMPREHENSIVE SCHOOL HEALTH PROGRAM COMPONENTS

- **Healthful School Environment**
- **Health Instruction**
- **Health Services**
- **Physical Education**
- **School Counseling**
- **Food Service**
- **School Site Health Promotion for Faculty and Staff**
- **Integrated School and Community Programs**

CRITERIA FOR SELECTING MEMBERS

The quality and quantity of SHAC activities are primarily determined by its members. Careful consideration must be given to the identification of potential members and the process of gaining their willingness to become active members of the SHAC. Major criteria for selecting members should include:

1. **Demonstrated Interest in Youth**

   Individuals with a recent history of involvement in activities to help children and adolescents are often excellent members. Such previous participation in youth enhancement may have included work with scouts, church youth, human service agencies, school events, other advisory groups, environmental concern groups, civic clubs, PTAs, or business projects.

2. **Awareness of Community**

   A general understanding of the cultural, political, geographic, and economic structure of the community among members can facilitate goal accomplishment. Some individuals are significant decision-makers and potential valuable members because they are familiar with these aspects of the community and known by different community segments. However, a new person in the community may bring the advantage of previous valuable experience without the potential burden of being weighted down by barriers seen by others.

3. **Professional Abilities**

   Those individuals with professional training in a youth related discipline are obvious potential members as are other individuals employed in human service agencies. However, training and agency affiliation do not predict the value of the individual to SHAC activities. While some SHACs want professional staff representatives from selected agencies, a more useful approach might be to choose individuals rather than agencies.

4. **Willingness to Devote Time**

   No matter what the person's qualifications and interest in youth, if he or she will not attend meetings and participate in the work of the SHAC, it is usually better not to ask the person to become a member. Before appointing any member, communicate with him or her about the time commitment to determine willingness to make time for the SHAC. The occasional exception to this in some situations would be the influential and cooperative individual whose membership on the SHAC adds credibility to the SHAC.

5. **Representative of Population**

   Every community has population segments that are important in the overall functioning of the community. These segments are often demographic groups in the community. For example, there are groups according to age, sex, race, income, geography, politics, ethnicity, profession, and religion. To increase the likelihood of having a SHAC that actually represents the community, it is important to plan carefully for member selection. Representation of as many segments as possible can enrich the level of discussion and acceptance of proposed activities. Additionally, such comprehensive representation can make the SHAC a more credible and widely known body. One of the most serious problems for some SHACs is that their members do not reflect the views of the community because the member selection process was not well planned and implemented.

6. **Respectability of Individuals**

   Always try to appoint individuals who are respected by those who know them. Individual characteristics such as honesty, trustworthiness, dependability, commitment, regard, and ethics all contribute to the character of the SHAC. While some community members meet the qualifications in 1 through 5 above, it is important also to give priority to these personal characteristics. The credibility of the SHAC is enhanced considerably by the personal characteristics of its members.

SELECTING AND APPOINTING MEMBERS

The following major steps can be used to select and appoint SHAC members:

1. Determine the membership categories and any weighting or numbers needed. SHAC's typically have 11-19 members.

2. Use a diverse group of 3-5 concerned individuals to identify potential members for each membership category. Consider sources listed in **TABLE 4.**

3. To protect stability and develop consistency in operations, maintain a balance of term lengths on the SHAC by assigning new members to 1, 2, or 3 year terms.

4. Talk with each identified potential member and briefly explain the SHAC purpose, its general operation, current membership, and the time commitment for members.

5. Make final decisions for membership and confirm with designated school system contact person.

6. Have appointment letters sent to new members from the Superintendent and/or School Board. The appointment letter indicates how much the school system values a person's willingness to participate in the SHAC. The content of the letter should also refer to the name of the SHAC, its purpose, term of appointment, frequency of meetings, name of the school system contact person, and SHAC chairperson if appropriate. Finally the letter should inform the person about the next communication for getting started with the SHAC.

7. Send all members, including newly appointed members, an updated membership roster and an announcement of the next meeting.

TABLE 4

COMMUNITY SOURCES OF SHAC MEMBERS

Parents

Medical Professionals

Social Service Agencies

Business/Industry

Volunteer Health Agencies

Churches/Synagogues

Hospitals/Clinics

Public Health Agencies

Civic and Service Organizations

Colleges/Universities

Public Media

Attorneys and Law Enforcement Officials

Schools

Youth Groups

Professional Societies

Government Officials

ORGANIZATIONAL STRUCTURE OF SHAC

SHACs can be organized into a variety of structures and interact with the school system in different ways. School systems must decide early on, and review periodically, **how** the SHAC will provide advice to them. The SHAC **structure** and **communication links** with the school system and community should be clearly delineated for all participants. Similarly, SHAC members may suggest modifications based upon their experience to enhance the working relationship. As the school system and SHAC gain experience, it is likely that changes will be needed to facilitate the SHAC purpose.

While many configurations are possible, three common structures will be presented here. The first, shown in **Figure 1**, appears to be very simple and conceptually easily understood. In this structure, the SHAC membership comes from community groups such as PTAs, voluntary health agencies, etc. The school superintendent and school health administrator are also members. The SHAC is appointed by the School Board and it reports to the School Board. Some advantages of this structure are the communication link with the School Board, involvement of two key school personnel in SHAC activities, and representation from a wide variety of community segments. Potential disadvantages include the danger of domination by the school personnel and low interest levels among members representing their agencies rather than having personal interests in youth.

FIGURE 2 illustrates a very common arrangement in which the SHAC reports to a school health administrator who reports directly or indirectly to the superintendent who reports to the School Board. The SHAC would have an elected chairperson and appointed members. One advantage for this structure is that the SHAC may operate more independently than the one in **FIGURE 1**. A disadvantage might be the filtering or amplifying of any reports as they move up the administrative ladder. It also potentially puts more distance between the SHAC and the School Board. However, the structure allows for the orderly flow of advice from the SHAC to designated persons in the schools system.

The configuration presented in **FIGURE 3** deals with the element of communication about SHAC activities to the community. In this design, the SHAC reports its activities to the media (usually city or county newspaper) at the same time it sends reports to the School Board. Given the purposes of SHACs, a more appropriate strategy would be to have information transmitted to the media only after the school system has reviewed and commented. Many SHACs include a media professional within their membership and encourage publicity through that person's access to the public.

As might be expected, there are other ways of organizing the SHAC structure. For example, some school systems use a small executive advisory committee to determine needs for the year. After deciding upon project priorities, the group then identifies individuals to work on each project. All of these individuals working on projects are viewed collectively as the SHAC. Although this approach may be effective in getting projects completed, it has the potential of failing to focus on a more comprehensive view of school health. Members may come and go without being exposed to a broader view of school health.

There are choices to be made by the school system about the organizational structure for the SHAC and how the SHAC and school system will communicate with each other. This decision will likely reflect certain philosophical views of key school personnel. For example, school health coordinators and superintendents will vary in how they view advice from community members, the degree of their intended personal involvement, perceptions about the importance of school health programs, and the role of media persons. These variables help us understand why a SHAC structure might work very well in one school system but not in another. Therefore, care should be taken in determining the best structure and communications option for each SHAC. Similarly, existing SHACs might want to consider reorganization to create a more realistic and practical structure that fits better within the school system.

FIGURE 1

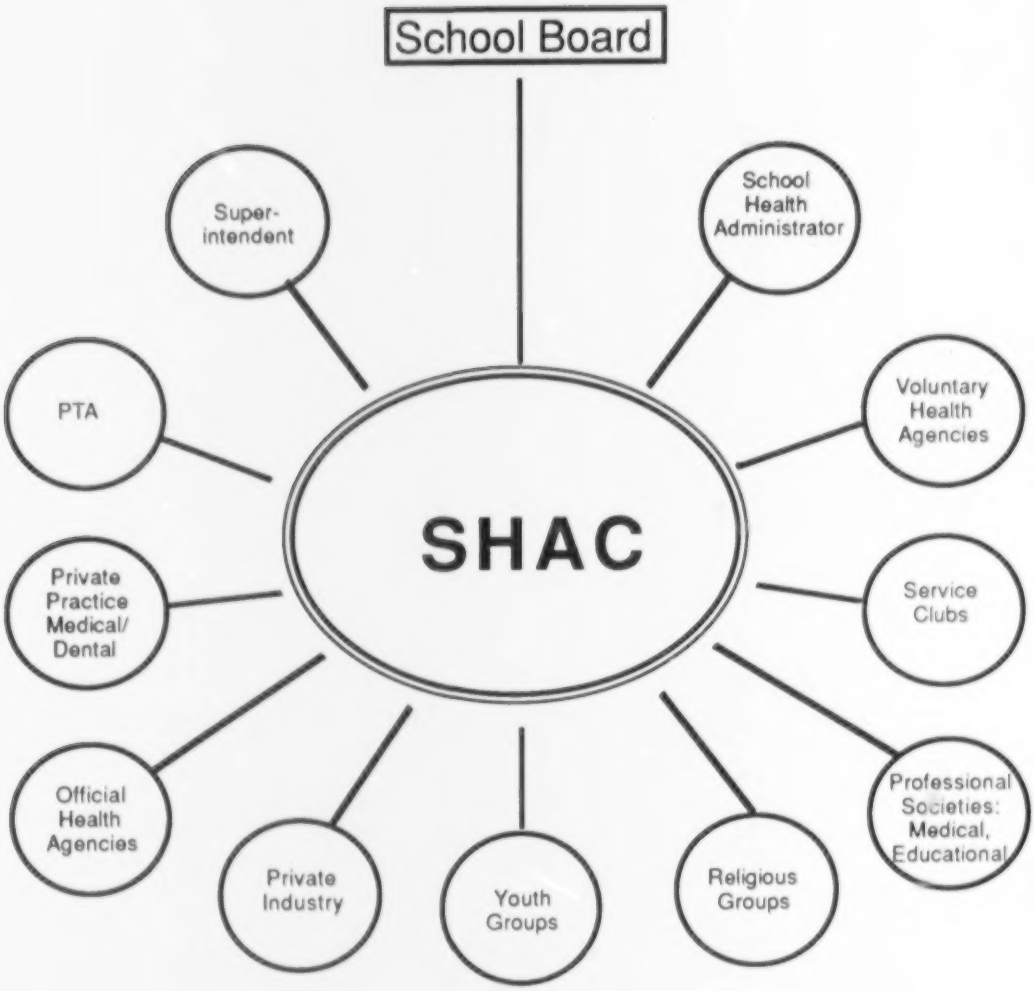

School Board
Super-intendent
School Health Administrator
PTA
Voluntary Health Agencies
SHAC
Private Practice Medical/ Dental
Service Clubs
Official Health Agencies
Private Industry
Youth Groups
Religious Groups
Professional Societies: Medical, Educational

FIGURE 2

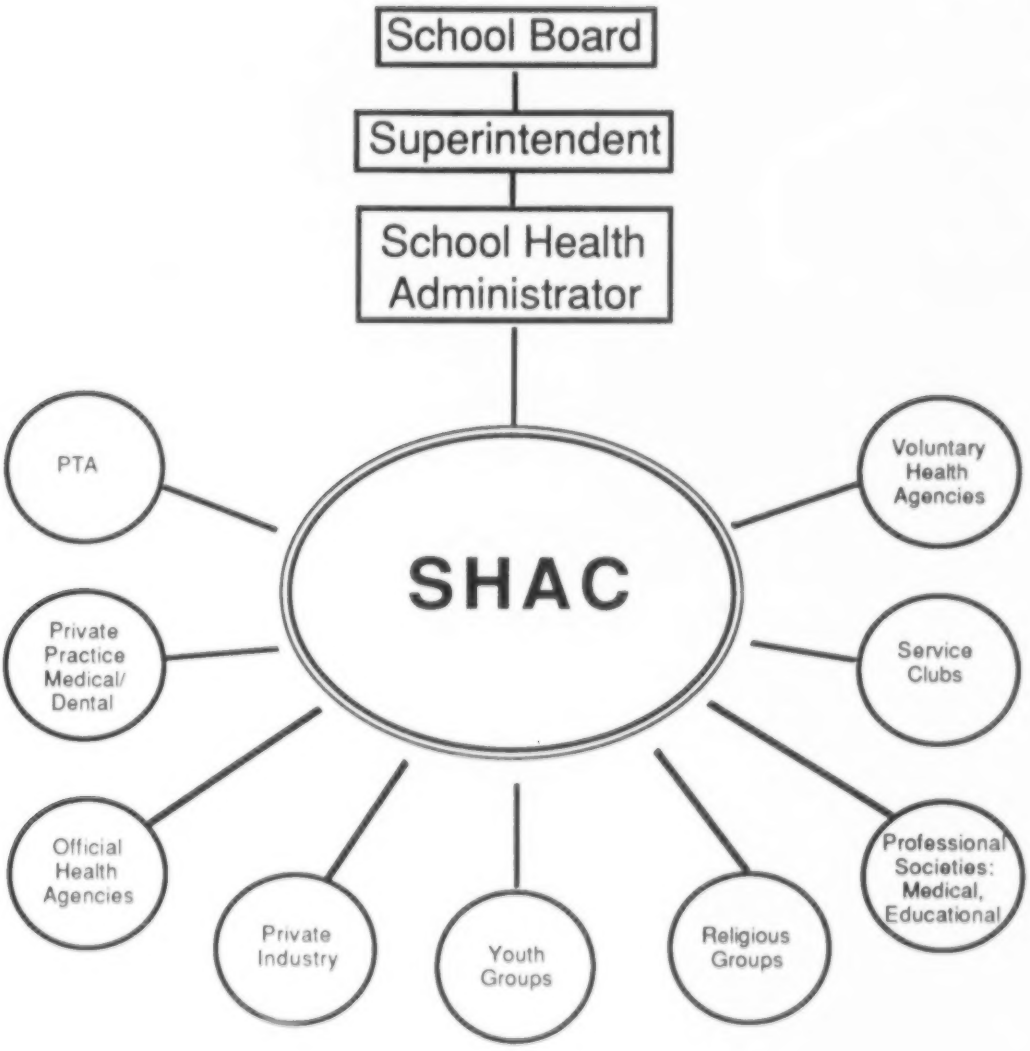
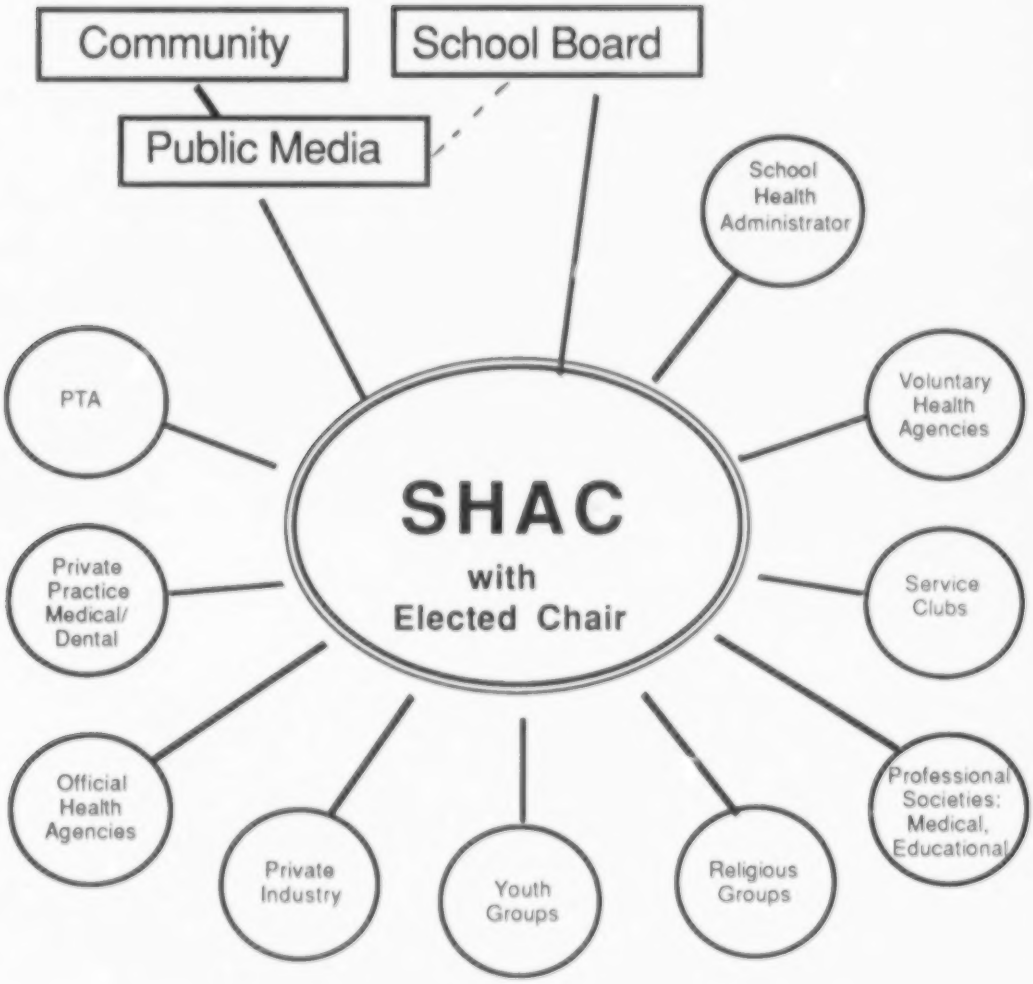

School Board
Superintendent
School Health Administrator
SHAC
PTA
Private Practice Medical/ Dental
Official Health Agencies
Private Industry
Youth Groups
Religious Groups
Professional Societies: Medical, Educational
Service Clubs
Voluntary Health Agencies

FIGURE 3


Community
School Board
Public Media
School Health Administrator
PTA
Voluntary Health Agencies
SHAC
with
Elected Chair
Private Practice Medical/ Dental
Service Clubs
Official Health Agencies
Private Industry
Youth Groups
Religious Groups
Professional Societies: Medical, Educational

BY-LAWS

By-Laws for a SHAC serve a number of useful purposes. Overall they clarify purpose, structure and operational procedures, thereby reducing confusion among members. For this reason it is important to develop and adopt a set of by-laws during the early formation of the SHAC. The by-laws provide guidelines for carrying out the business of the SHAC in order to accomplish its purpose. Minimally, the by-laws should contain the following components:

1. **Name and Purpose of the SHAC**

   The name is most likely to be straightforward, simply incorporating the school system's name (i.e. Pike County School Health Advisory Council).

   The purpose statement should reflect the advisory nature of the SHAC and the definition of school health. This definition will determine the boundaries or scope within which the SHAC will function.

   For example, some SHACs define school health as K-12 classroom health instruction (**TABLE 1**) whereas other SHACs include any aspect of health instruction, health services and health environment (**TABLE 2**). Still others use a broader definition that includes these three as well as health counseling, physical education, food services, staff health promotion, and community-school relations (**TABLE 3**).

2. **Membership**

   This section should include a description of the SHAC composition in terms of number of members, community sectors to be represented, terms of appointment, voting rights, termination, resignation, selection method, attendance, and criteria for eligibility. Also included are any *ex officio* categories. Indicate the availability of a current membership roster from a specified contact person with the school system.

3. **Meetings**

   The by-laws should specify frequency, date (i.e. third Wednesday each month, 7-9 pm), agenda setting procedures, notification of meetings, distribution of agenda and minutes, and location. The conduct of each meeting should be governed by Robert's Rules of Order or some equivalent. (Keep in mind that SHAC meetings are subject to open meeting laws.)

4. **Officers**

   Give the titles and responsibilities of officers, terms, as well as a brief description of the election, removal and resignation processes. Generally, the officers will be Chairperson or Co-Chairpersons, Vice-Chairperson, Secretary, and perhaps Treasurer.

5. **Voting Procedures**

   Describe the voting process to be used at regular meetings and the required quorum. For example, one half of the current members must be present for a vote to be taken and two-thirds must vote for a motion in order to approve the motion. Some SHACs may require a waiting period (until next meeting) before a vote can be taken and that the motion be placed on the agenda as an action item.

6. **Committees**

   Give the names of any standing committees or subcommittees and a brief description of their functions and membership. Describe the process for the formation of any special committees.

7. **Communications**

   State the reporting procedures to be used by the SHAC for internal and external communications. Include the method for determining the agenda, identify the school person or group receiving reports from the SHAC, and any regular procedure for informing the community about SHAC activities. Identify a central location for records of past and current SHAC activities.

8. **Amendments**

   Give an explanation of the procedure to be used in making amendments to the by-laws. The by-laws should be approved by the charter members if possible, dated and copies made available to all new members and appropriate school personnel.

CONDUCTING A SHAC MEETING

- **Begin and end at stated time**
- **Stick to the agenda**
- **Focus discussion on agenda items**
- **Maintain an atmosphere that encourages participation**
- **Summarize periodically**
- **Maintain a written record of ideas and decisions**
- **Identify tasks to be completed**
- **Confirm individual responsibilities**
- **Consider agenda items for next meeting**

SUCCESSFUL MEETINGS

Regular meetings of the full membership and meetings of committees are major activities for most SHACs. Therefore, it is important to be well-organized and goal-directed in order to make the best use of members' time. Here are some suggestions for having productive meetings likely to be appreciated by participants.

1. **Regular Meeting Schedule**

   Establish an annual calendar of dates, times and locations for regular meetings. Keep it simple. For example, the third Wednesday of each month in the School Board Room from seven to nine o'clock P.M. Some SHACs in geographically large school systems may alternate locations to fairly distribute travel time for members. Noontime meetings over a lunch at a school, restaurant, or other meeting room are also popular meeting times and locations. Some SHACs always meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be clarified at the beginning of each year. Maps and parking permits should be mailed to members if necessary.

2. **Agenda**

   Approximately two to three weeks before the meeting, members should receive a tentative agenda with a request for suggested agenda topics. Any suggestions should be received one week prior to the meeting for possible incorporation into the final agenda. The agenda should be easily understood by members and action items designated separately from information items and discussion-only items. Minutes of the previous meeting may accompany the mailed tentative agenda.

3. **Phone Communications**

   Each member should be called two days prior to the meeting as a reminder. Establish a phone tree to communicate quickly on activities and for inclement weather decisions. Provide a central phone number for information.

4. **Refreshments**

   Provide light refreshments if meeting is not at a mealtime. Indicate on the agenda that refreshments will be available. Also indicate a planned amount of time (15 minutes) for socializing as part of the agenda.

5. **Punctuality**

   Start and end the meeting on time. Avoid the enabling tendency of waiting for others and allowing the discussion to drift past a specific time. Members' time should be kept in mind and the desire to have them appreciate punctual beginnings and endings to meetings.

6. **Environment and Atmosphere**

   The meeting should be held in a physically comfortable room with comfortable seating that allows members to easily see and hear each other. Arriving members should be greeted warmly and informally introduced to each other. Maintain a balance between formal and informal procedures with a sense of humor. Stick to the agenda, involve all members, and positively acknowledge all contributions. Encourage discussion and periodically summarize for the group. Someone should keep a written record of discussion topics, major ideas and decisions. Consider using a U-shape or semi-circle seating arrangement. The chairperson and a recorder, sitting in the open space, could record group comments and decisions using newsprint on an easel.

7. **Follow-up**

   Make sure someone has accepted responsibility for each task needing completion and the group understands the work to be done. Allocate 10-15 minutes at the end of the meeting to determine the tentative agenda for the next meeting.

8. **Other Suggestions**

   Make sure each meeting adds to the members' understanding of comprehensive school health. Each member can become an advocate for school health for many years after participation in a SHAC.

9. General Considerations

The agenda for each regular meeting could have the same structure. For example, 15 minutes for socializing, 10 minutes for review and acceptance of minutes of last meeting and review of agenda, 15 minutes for report from some school personnel on a program or activity, 30 minutes for discussion of a potential project, 15 minutes for reviewing and voting on an issue discussed last meeting, 20 minutes for committee reports, 15 minutes for presentation of a model school health program component described in literature or at a professional meeting, 15 minutes for review of meeting and setting next agenda. Invite selected school personnel to attend SHAC meetings.

SHAC Chairperson

The SHAC Chairperson is often the individual responsible for stimulating and supporting members in their efforts to fulfill the group's purpose. Therefore, selecting an individual for this position is an important responsibility of the SHAC. An alternative is to select co-chairpersons thereby allowing for the division of leadership tasks.

Individuals with the following characteristics are more likely to provide successful leadership as chairpersons.

1. Perceives schools as being influential in the lives of students and staff.
2. Concerned about the health of children and adolescents.
3. Believes SHAC actions can have a positive influence in the schools.
4. Understands the general organization of schools and community.
5. Has personal characteristics conducive to positive and productive SHAC meetings and activities.
6. Willing to make the necessary time commitment.

On the other hand there are some behaviors that make chairpersons less likely to provide appropriate leadership. These negative leadership behaviors include:

1. Failure to bring closure on agenda items.
2. Attempts to dominate with personal views.
3. Does not encourage involvement by all members.
4. Keeps personal control of agenda-setting.
5. Uses the SHAC to criticize others.
6. Shows signs of having lost enthusiasm for the role.

INDICATIONS OF A HEALTHY SHAC

1. The SHAC regularly generates sound advice and activities to support the school health program.
2. The SHAC is recognized by schools and the community as a valuable asset in promoting and protecting the health of students and school personnel.
3. Regular monthly/bimonthly meetings are occurring with attendance by most members.
4. Established procedures for conducting business are understood by members.
5. Positive relationship exists between the SHAC and school system personnel.
6. There is a recent history of school system seeking advice from SHAC and acting on SHAC recommendations.
7. Membership is representative of important segments of the community.
8. An elected chairperson is providing positive and productive leadership.
9. Members appreciate the opportunity to support the school health program and are willing to make the necessary time commitment.

EVALUATION CHECKLIST OF SHAC FUNCTIONING

	Yes	No
Is there a statement of purpose and goals?	[ ]	[ ]
Are the SHAC activities benefiting the school health program?	[ ]	[ ]
Have SHAC activities developed community understanding of the school health program?	[ ]	[ ]
Do SHAC members understand what is expected of them?	[ ]	[ ]
Are SHAC members aware of the status of school health programs in most schools in their school system?	[ ]	[ ]
Are members provided information on state and national developments in school health?	[ ]	[ ]
Have members received sufficient orientation to the schools and school health program?	[ ]	[ ]
Is the SHAC given sufficient information and time to study and discuss issues before making recommendations?	[ ]	[ ]
Does the SHAC membership reflect varying and opposing viewpoints?	[ ]	[ ]
Are meetings conducted in an impartial, parliamentary manner allowing all members to express opinions?	[ ]	[ ]
Is the importance of member's time recognized through keeping meetings on schedule and directed to agenda?	[ ]	[ ]
Are SHAC members presented the facts and consulted when changes are made in the school health program?	[ ]	[ ]
Are SHAC functions selected with care and limited to a reasonable number?	[ ]	[ ]

Do members receive adequate advance notice of meetings and prompt reports of minutes?	[ ]	[ ]
Are members involved in assignments based upon their expertise?	[ ]	[ ]
Does the chairperson or a few members dominate meetings?	[ ]	[ ]
Are membership rosters current and updated?	[ ]	[ ]
Are members asked for recommendations on improving the effectiveness of meetings?	[ ]	[ ]
Does the SHAC encourage school administrators to meet with the council or individual members on selected issues?	[ ]	[ ]
Are members invited to school functions such as graduation, open houses, exhibits, athletic events, plays, etc.?	[ ]	[ ]
Are members encouraged to visit health classes?	[ ]	[ ]
Does the SHAC hold an annual breakfast or dinner for all members?	[ ]	[ ]
Does the membership have adequate representation of ethnic and economic groups in community?	[ ]	[ ]
Are members given recognition for contributions in school publications, news releases, or other methods?	[ ]	[ ]
Is there a reflection of positive support from school personnel for the SHAC members' services?	[ ]	[ ]

Adapted from Fraser, Katherine, *Someone at School has AIDS: A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV*. National Association of State Boards of Education, 1989, pp. 28-29.

ANNUAL REPORT FOR THE SHAC

I. **Accomplishments**

A. Contributed to the improvement of policies concerning school health. Specific contributions: _____

B. Contributed to the improvement of the school health program. Specific contributions: _____

C. Completed studies related to school health. Studies completed:

_____

D. Contributed to better communication between school health programs and the community. Examples: _____

II. **Morale and Relationships**

A. Number of meetings held during year: _____

B. Average attendance at meetings: _____%

C. Members have acquired increased confidence in and liking for each other? (yes or no) _____

D. Percentage of meetings attended by school board representative: _____%

E. Percentage of meetings attended by representative of school administration: _____%

F. Percentage of meetings attended by teachers: _____%

G. Number of joint meetings with school board: _____

H. Number of subcommittees used during year: _____

I. Total number of persons included as members of subcommittees: _____

J. Name or purpose of each subcommittee: _____

_____

K. Number of persons involved in ground work other than as members of the committee and subcommittee (as consultants, resource persons, etc.):

1. Number of these from the school staff: _____
2. Number from the community but not from the school staff: _____
3. Number from outside the community: _____

Examples: _____

L. Number of contributions to community meetings:

1. Meetings of PTA units: _____
2. Other meetings: _____

Examples: _____

M. Assistance in disseminating information about school policies:

Examples: _____

N. Interest in the SHAC has increased or decreased during the year?

1. Interest of the members of the SHAC: _____
2. Interest of the members of subcommittees: _____
3. Interest of the members of the school board: _____
4. Interest of the administrators: _____
5. Interest of the teachers: _____
6. Interest of community organizations: _____
7. Interest of the public: _____

O. Members of the committee have shared during the year with members of other citizens committees in the discussion of common problems: _____

III. **Operations**

A. SHAC has kept in its proper sphere of operations? (yes or no) _____

B. Officers have functioned well? (yes or no)
Examples: _____

C. There was a satisfactory annual program of work? (yes or no) _____

D. Meetings were well planned? (yes or no) _____

E. The discussions at meetings were well conducted and fruitful? There was general participation in the discussion? (yes or no) _____
Examples of especially good or poor discussions:
_____

F. Subcommittees were well inducted into their responsibilities and given help with their assignments? (yes or no) _____

G. The progress reports and final reports of subcommittees were given adequate consideration? (yes or no) _____

H. There were occasional appraisals of the work of the SHAC leading to its improvement? (yes or no) _____

I. Magazines, journals, books and other published aids were used by the SHAC or individual members? (yes or no) List: _____
_____

J. Consultants from outside the community were used? (yes or no) _____
Names and contributions: _____

K. A library of resource materials on schools and school health was available to the SHAC and improved during the year? (yes or no) _____
Indicate how it was improved and how its use was improved: _____
_____

L. Policies and procedures for the SHAC were reviewed by the SHAC and the board during the year? (yes or no) _____
Revision made: _____
_____

M. SHAC rules were reviewed during the year? (yes or no) _____
Revision made: _____
_____

N. SHAC objectives for the year were accomplished as follows:

Objectives	Statement of Accomplishment
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Based on format designed by Walter S.Ramey. In *A Guide for the Organization and Operation of Local advisory committees for Vocational Education*.. Richmond: Virginia State Department of Education, 1975, pp. 64-67.

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